



P.O. Box 209 | 6 East Pennsylvania Avenue  
Lovettsville, VA 20180  
(540) 822-5788 www.lovettsvilleva.gov

## Town Green /Pavilion Rental Request

Applicant Name (person): \_\_\_\_\_

Name of Organization (if appropriate): \_\_\_\_\_

Group Using The Space: In-Town Resident ☐ Out of Town Resident ☐ Non-Profit/Not-for-Profit ☐ Corporate ☐

Address (Mailing): \_\_\_\_\_ E-Mail: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

### Use Information

Space Requested: Green ☐ Pavilion ☐ Both ☐ Time Period: ☐ 10:00AM – 3:00PM

Day of Week: \_\_\_\_\_ Date of Event: \_\_\_\_\_ ☐ 4:00PM – 9:00PM

Is event advertised to the public? Yes ☐ No ☐ Will admission be charged? Yes ☐ No ☐

Describe Nature of Use: \_\_\_\_\_

### Rental Items

### Cost

|  |  |                                |
|--|--|--------------------------------|
| Green                                  | In-Town Resident / Non-Profit and Not-For-Profit | \$25 <input type="checkbox"/>  |
|  | Out of Town Resident / Corporate                 | \$50 <input type="checkbox"/>  |
| Pavilion                               | In-Town Resident / Non-Profit and Not-For-Profit | \$50 <input type="checkbox"/>  |
|  | Out of Town Resident / Corporate                 | \$100 <input type="checkbox"/> |
| Green / Pavilion Combo                 | In-Town Resident / Non-Profit and Not-For-Profit | \$65 <input type="checkbox"/>  |
|  | Out of Town Resident / Corporate                 | \$130 <input type="checkbox"/> |
| Electric & Water Service               |  | \$25 <input type="checkbox"/>  |
| Table & Chair Set (1 table & 6 chairs) | (five sets available) \$10 x # of Sets= _____    | _____ <input type="checkbox"/> |
| Cornhole Game Boards                   | (one set available)                              | \$10 <input type="checkbox"/>  |

**Total Amount Due (Due at Permit Request)**

***Use of the Green and Pavilion is regulated by the Town Green & Walker Pavilion Reservation Policy and Fees  
Document that was adopted on May 30, 2013***

The undersigned certifies that they are aware of the rental and use requirements of the Town of Lovettsville, accepts full responsibility for all participants, and to the best of their knowledge, has completed this application fully and correctly.

**Signature of Applicant**

**Printed Name of Applicant**

**Date**

-----Office Use Only-----

Date Application Received \_\_\_\_\_ Application Complete \_\_\_\_\_ Application Fee Paid \_\_\_\_\_ Is Group Insurance Policy Needed? \_\_\_\_\_

**APPROVED:** ☐ YES ☐ NO

**DATE:** \_\_\_\_\_

**SIGNATURE OF TOWN MANAGER**

**(PRINT NAME)**